



MUNICIPAL HEALTH BENEFIT FUND

P.O. BOX 188
NORTH LITTLE ROCK, ARKANSAS 72115
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www.arml.org
October 27, 2016

TO: SELECTED MUNICIPAL OFFICIALS

FROM: MUNICIPAL HEALTH BENEFIT FUND

SUBJECTS: RATES

The Municipal Health Benefit Fund (MHBF) Board of Trustees met on October 27, 2016. The MHBF has maintained stable overall rates for the past nine years. Of course, some municipalities' rates have increased or decreased based on their own experience. However, the protection and stability of the overall group has helped any necessary increases be minor over these years. We anticipate similar stability will continue indefinitely barring changes beyond our control.

The medical rate class (please see attached) for Cave Springs will be Class 2 effective January 1, 2017. If you are in Class 2 or above and would like to increase your deductible to \$1,200 or \$2,000 and reduce your rate by one class, please advise us in writing no later than December 9, 2016. Conversely if you are in Class 1 -5 and would like to decrease your deductible and increase your rate, please notify us in the same manner and by the same date.

The 2017 MHBF booklets can be accessed online at www.arml.org/benefit_programs. Please note, to continue participation, a minimum enrollment of 75% of all eligible full-time employees will be needed to maintain coverage for 2017.

Please feel free to call if you have any questions.

Very truly yours,

Don A. Zimmerman
Plan Administrator

District No. 1 Trustee
Clerk/Treasurer Mitri Greenhill
Stuttgart

District No. 3 Trustee
Mayor Randy Horton
Russellville

At-Large Trustee
Mayor Parnell Vann
Magnolia

District No. 2 Trustee
Mayor Gary Fletcher
Jacksonville

District No. 4 Trustee
City Clerk Rendi Currey
Arkadelphia

Plan Administrator
Don Zimmerman

Municipal Health Benefit Fund

Experience Report

April 1, 2016 through September 30, 2016

Cave Springs

Premiums Paid: \$72,692.11

Claims Paid: \$63,477.32

Administrative and Excess Coverage Expense: \$2,180.76

Incurred But Unreported Claims: \$10,579.57

Total Loss: \$76,237.66

Loss Ratio: 104.88%

2017 MUNICIPAL HEALTH BENEFIT FUND RATE CLASSES and MONTHLY PREMIUMS

COVERAGE	CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6
EMPLOYEE MEDICAL Basic Rate	\$ 313.00	\$ 346.50	\$ 382.50	\$ 423.00	\$ 467.50	\$ 507.50
Life & Accident	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
Dental	\$ 17.50	\$ 17.50	\$ 17.50	\$ 17.50	\$ 17.50	\$ 17.50
Vision	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
TOTAL EMPLOYEE	\$ 335.50	\$ 369.00	\$ 405.00	\$ 445.50	\$ 490.00	\$ 530.00
SINGLE RETIREE	\$ 333.00	\$ 366.50	\$ 402.50	\$ 443.00	\$ 487.50	\$ 527.50
SINGLE COBRA	\$ 339.66	\$ 373.83	\$ 410.55	\$ 451.86	\$ 497.25	\$ 538.05
SINGE EXTENDED COBRA	\$ 499.50	\$ 549.75	\$ 603.75	\$ 664.50	\$ 731.25	\$ 761.25
DEPENDENT MEDICAL Basic Rate	\$ 382.50	\$ 420.00	\$ 465.00	\$ 514.50	\$ 560.00	\$ 620.00
Dental	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Vision	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
TOTAL DEPENDENT	\$ 412.50	\$ 450.00	\$ 495.00	\$ 544.50	\$ 590.00	\$ 650.00
BASIC FAMILY RATE	\$ 695.50	\$ 766.50	\$ 847.50	\$ 937.50	\$ 1,027.50	\$ 1,127.50
Employee Life & Accident	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
Family Dental	\$ 42.50	\$ 42.50	\$ 42.50	\$ 42.50	\$ 42.50	\$ 42.50
Family Vision	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
TOTAL FAMILY	\$ 748.00	\$ 819.00	\$ 900.00	\$ 990.00	\$ 1,080.00	\$ 1,180.00
TOTAL RETIREE FAMILY	\$ 745.50	\$ 816.50	\$ 897.50	\$ 987.50	\$ 1,077.50	\$ 1,177.50
DEPENDENT COBRA	\$ 339.66	\$ 373.83	\$ 410.55	\$ 451.86	\$ 497.25	\$ 538.05
TOTAL FAMILY COBRA	\$ 760.41	\$ 832.83	\$ 915.45	\$ 1,007.25	\$ 1,099.05	\$ 1,201.05
DEPENDENT EXTENDED COBRA	\$ 499.50	\$ 549.75	\$ 603.75	\$ 664.50	\$ 731.25	\$ 791.25
EXTENDED COBRA FAMILY	\$ 1,115.63	\$ 1,222.13	\$ 1,343.63	\$ 1,478.63	\$ 1,613.63	\$ 1,763.63

WEEKLY INCOME: OPTION A - \$4.00 or OPTION B - \$6.00	PRESCRIPTION DRUG CARD, DENTAL & VISION COVERAGE for ACTIVE ELECTED OFFICIALS ON MEDICARE: \$100.00
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